

DEPARTMENT OF ADMINISTRATION (DIPATTAMENTON ATMENESTRASION) DIRECTOR'S OFFICE (Ufisinan Direktot)

Post Office Box 884 * Hagåtña, Guam 96932 TEL: (671) 475-1101/1250 * FAX: (671) 477-6788



APR 1 3 2017

DEPARTMENT OF ADMINISTRATION CIRCULAR NO.: 2017-018

TO:

All Non-Autonomous / Autonomous Departments & Agency Heads

FROM:

Director, Department of Administration

SUBJECT:

Drug Free-Workplace Program

Ref: Statistical Reports

Buenas yan Hafa Adai! This is a follow-up circular to department/agency regarding the Department of Administration (DOA) Circular No. 16-037, dated July 26, 2016, requesting the department/agency to submit a report at the end of the last date of each quarter relating to drug testing activities conducted by each agency to be included into the annual report to the Governor.

Please find the attached DOA Circular No. 16-037 and the Management Information System (MIS) Data form in preparing the statistical report.

Thank you for your cooperation and support in assisting our department in compiling the needed information. Should you have any questions, please contact our office Human Resources Division, Drug Free Workplace Program at 475-1225/1123.

CHRISTINE W. BALETO

Attachment(s)



DRUG TESING MANAGEMENT INFORMATION SYSTEM (MIS) DATA COLLECTION FORM



This Management Information System (MIS) form is to be completed on the last day of each quarter in accordance with the Drug-Free Workplace operating procedures as part of the annual report to the Governor.

PART A: DEPARTME						o he coi	npleted	by the	DFWP	Coordinat	or/EAP/	Administ	rator)	
Department/Agency Na	me: _													
Department/Agency Mailing Address:														
Designated Representative Name:														
Position Title: Telephone:														
Designated Representat	tive Sig	gnatur	e:											
Designated Representative Email:														
Appointing Authority Name:														
Appointing Authority Signature:														
Coverage Start Date: Coverage End Date:														
								10-0						
PART B: DEPARTME	NT/AC	HENC	Y (To l	oe com _l	pleted .	by the .	Depart	ment/A	gency	EAP Rep	resentati	ve)		
Type of Test	Verified Number of Negative Drug Test	Verified Number of Positive Drug Test	Verified Number of Positive for Marijuana	Verified Number of Positive for Cocaine	Verified Number of Positive for PCP	Verified Number of Positive for Opiates	Verified Number of Positive for Amphetamines	Verified Number of Diluted Drug Test Results	Verified Number of Refusal to Test	Number of Employee Referred through Employee Assistance Program (EAP)	Number of Employees completed the Employee Assistance Program (EAP)	Number of Employees dismissed via Adverse Action	Number of Employees / applicants cancelled employment offer due to drug test	Number of Employees resigned as a results of drug test
Pre-Employment														
Random														
Reasonable Suspicion														
Post-Accident														
Follow-Up														
Total														
				1- (1-1)										- C
PART E: DEPARTME										VP Coord			ministrat	or)



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JUL 2 6 2016

DEPARTMENT OF ADMINISTRATION CIRCULAR NO.: 16-037

TO:

All Non-Autonomous / Autonomous Departments & Agency Heads

FROM:

Director, Department of Administration

SUBJECT:

Drug-Free Workplace Program

REF: Statistical Reports

Buenas yan Hafa Adai! In accordance with the Drug Free Workplace Program, Section 30d, each department/agency head shall submit to the Department of Administration, Human Resources Division an annual report relating to drug-testing activities conducted by each agency. The Drug Free Workplace Coordinator (DFWPC) at the department or agency will collect and compile anonymous statistical data for reporting the number of:

- 1. Random tests, reasonable suspicion tests, accident or unsafe practice tests, follow-up, voluntary or applicant tests administered;
- 2. Verified positive test results, by type of test and drug:
- 3. Voluntary drug counseling referrals;
- 4. Involuntary drug counseling referrals;
- 5. Disciplinary actions, terminations, employee-applicant non-selection, or denials of employment offers from a verified positive drug test result;
- 6. Disciplinary actions, terminations, or denials of employment offer resulting from refusal to submit to testing.
- 7. Disciplinary actions, terminations or denial of employment offers resulting from alteration of specimens;
- 8. Disciplinary actions, terminations or denial of employment offers resulting from failure to complete a drug abuse counseling program; and
- 9. Employees who successfully complete rehabilitation under the Employee Assistance Program (EAP).

Page 2 – Drug-Free Workplace Program REF: Statistical Reports

This data, along with other pertinent information will be compiled and submitted to the Drug Program Specialist (DPS) on the last day of each quarter; for inclusion in the Department of Administration's annual report to the Governor. The Governor may use the data to assist in overall program evaluation, determine whether changes to the program are required, and request for additional funding as necessary.

In addition, the drug test scheduling and drug test results are highly confidential. Therefore, we are requesting the departments/agencies to provide our office with an updated designated employer representatives and employee assistance counselors to serve as the department/agency contact for all drug test scheduling, receipt of results, and other communications regarding the Drug Free Workplace Program. Please complete the information on the attached sheet and submit to Department of Administration, Human Resources Division. If no one is officially designated, all requests for drug test information will be accepted and released to the department head.

Thank you for your cooperation and support. Should you have any questions, please do not hesitate to contact the Drug Free Workplace Branch at 475-1225.

CHRISTINE W. BALETO

Attachment

DRUG FREE WORKPLACE PROGRAM DESIGNATED OFFICIALS

DEPARTMENT/AGENCY

		PARTY TOPOGRA	MED EMPLOYER	KEPKESENIA	TIVE (DEK)	
	Print Name	Signature	Position	Contact Number Fax Number	Fax Number	E-Mail Address
	ALT	HANATE - DESIGN	ATED EMPLOYE	K REPRESENT	ATTWE (DER)	
	Print Name	Signature	Position	Contact Number Fax Number	Fax Number	E-Mail Address
7						

PRIMARY - EMPLOYEE ASSISTANCE PROGRAM (EAP) COUN	Signature Position Contact Number Fax Number	TERNATE - EMPLOYEE ASSISTANCE PROCRAM (FAR) COU	Signature Position Contact Number Fax Number	
LON BRING	Print Name	A TOTAL	Print Name	

PRINT DIRECTOR NAME	
DIRECTOR SIGNATURE	
Concurred by:	Approval Date: